

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		4/30/99
O.I.P.E. CLASSIFIER		71622	5-01-99
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	23	✓	
2	23	✓	
3	24	✓	
4	25	✓	
5	26	✓	
6	27	✓	
7	28	✓	
8	29	✓	
9	30	✓	
10	31	✓	
11	32	✓	
12	33	✓	
13	34	✓	
14	35	✓	
15	36	✓	
16	37	✓	
17	38	✓	
18	39	✓	
19	40	✓	
20	41	✓	
21	42	✓	
22	43	✓	
23	44	✓	
24	45	✓	
25	46	✓	
26	47	✓	
27	48	✓	
28	49	✓	
29	50	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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